

COMPOSITIONS AND METHODS FOR TREATING LYMPHOMA

CROSS-REFERENCE TO RELATED APPLICATION

*is a Con. of 1541,436, now 6,723,338 which
This patent application claims priority to U.S. Provisional Patent*

*Application Nos. 60/127,444, filed April 1, 1999, and 60/137,194, filed June 2, 1999,
each of which is incorporated by reference in its entirety.*

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FIELD OF THE INVENTION

This invention relates to methods and compositions for treatment of a neoplasia in a mammal, and in particular, relapsed forms of neoplasias.

BACKGROUND OF THE INVENTION

10 Despite years of research into the development of new methods of treatment, cancers of the lymphatic system, or lymphomas, remain quite common. For example, more than 60,000 people in the United States are diagnosed with lymphoma each year, including more than 55,000 cases of non-Hodgkin's Lymphoma (NHL), and these numbers are constantly increasing. In addition, the prognosis for those affected by 15 these diseases is often poor, as the survival rates for lymphoma patients remain low. Clearly, new methods for treating these diseases are needed.

While traditional treatments for lymphoma typically depend on the type of lymphoma as well as the medical history of the patient, first-line treatment for many lymphomas typically includes chemotherapy. Such chemotherapy will often entail the 20 administration of a "cocktail" of compounds, *e.g.*, the formulation CHOP, which includes cyclophosphamide, doxorubicin, vincristine, and prednisone. In addition, certain first-line cancer treatments also include other forms of cancer therapy, such as radiation therapy.

25 In many cases, patients respond initially to such first-line treatments, but subsequently suffer a relapse, *i.e.*, a tumor reappears or resumes growing. Following one such relapse, patients are often treated with further chemotherapy, *e.g.*, with CHOP or with other formulations, or, in some cases, the patients are treated with other procedures such as bone marrow transplantation. Again, in many cases, patients initially respond to such additional treatments, but subsequently suffer another relapse. In general, the more 30 relapses a patient suffers, the less agreement there is in the art concerning optimal